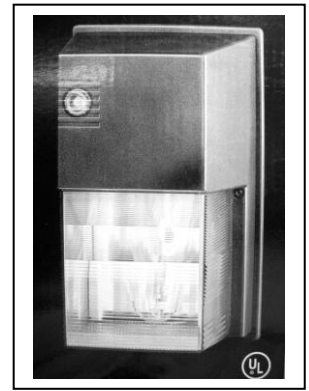


NOT A POLE LIGHT!



**2015
ALLEY LIGHT
APPLICATION**



OWNER NAME: _____

ADDRESS: _____
Street Number City/State & ZIP

APPLICANT'S EMAIL ADDRESS: _____

RESIDENT NAME: (If different from owner) _____

**ADDRESS OF
INSTALLATION** _____
Street Number City/State/Zip

Daytime phone number where you can be contacted by the installer: _____

I/we, the undersigned, make application for participation in the City of Peoria's Alley Light Program. I/we give permission for the electrical contractor to enter on to the property listed above for the purposes of conducting an assessment for installing a light.

NOTE: I / WE ALSO UNDERSTAND THAT AFTER IT IS INSTALLED THE ELECTRIC COST, AND THE CARE AND MAINTENANCE OF THE LIGHT, IS MY / OUR RESPONSIBILITY.

LIGHTS ARE GUARANTEED FOR UP TO 30 DAYS AFTER THE INSTALLATION DATE.

OWNER SIGNATURE **DATE** **RESIDENT SIGNATURE** **DATE**

RETURN COMPLETED APPLICATION TO:

**ShamRa Robinson
Community Development Department,
City Hall, 419 Fulton St., Room 307
Peoria, IL 61602
Phone: 494-8922 Fax: 494-8674**